

APPLICATION TO CONVERT A RECIPROCAL TEACHING CERTIFICATE

ARIZONA DEPARTMENT OF EDUCATION – CERTIFICATION UNIT

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Telephone: (602) 542-4367

MAILING ADDRESS: P.O. BOX 6490, PHOENIX, AZ 85005-6490 • TELEPHONE: (602) 542-4367

GENERAL INFORMATION

Submit this form if all of the following apply:

1. You hold an Arizona Reciprocal teaching certificate that has been valid for a minimum of two years.
2. You have satisfied **all** deficiency requirements.
3. You have completed two years of full-time teaching experience during the valid term of the Arizona Reciprocal Teaching certificate. If you do not have the required two years of full-time teaching experience, you may apply for a Provisional teaching certificate using the [Application for Certification](#).

INSTRUCTIONS

Submit the following documents:

Checklist:

- ☐ A Completed **Application to Convert a Reciprocal Teaching Certificate**
 - Superintendent/Personnel Officer must complete “Verification of Teaching Experience” to verify four semesters or two years of full-time teaching experience during the valid term of the Reciprocal teaching certificate
 - Answer EVERY Criminal History question, sign and date the application.
 - If you answer “Yes” to any Criminal History questions, submit a completed [Explanation of Incident form](#).
- ☐ A photocopy of your valid Arizona Department of Public Safety Identity Verified Prints (AZDPS IVP) fingerprint card.
- ☐ Verification of a passing score on all required Arizona Educator Exams (NES or AEPA). Please see your Reciprocal Teaching Certificate Evaluation for specific exams requirements. If verification to meet exam requirements has previously been submitted and approved, it is not necessary to submit these documents again.
- ☐ Structured English Immersion (SEI) endorsement. Applicants must currently hold, or qualify for and apply to add, an SEI, full English as a Second Language (ESL) or full Bilingual endorsement. If you are applying for the full SEI endorsement, submit a copy of the SEI training certificate **or** an official transcript showing the approved SEI course.
- ☐ Arizona and US constitution requirements. Submit an official transcript **OR** exam score report documenting completion of the AZ and US constitution requirements.
- ☐ For Elementary Certificates Only: If your Reciprocal Elementary certificate has a Phonics deficiency, submit verification of 45 hours **or** three semester hours of instruction in research-based systematic phonics is required. An accredited institution or other provider may provide this instruction. Please submit a letter from the school district or provider verifying 45 clock hours of training **or** an official transcript to verify semester hours.
- ☐ Check or money order for the amount due, made payable to the Arizona Department of Education (**ADE**). Cash will not be accepted. Fees are: \$60 per Reciprocal Teaching certificate to be converted and \$60 if adding the SEI endorsement. **Please note:** Certification fees will not be refunded even if you do not qualify for the requested service.

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SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F
(For identification purposes only)

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____-____ **Email Address:** _____

Ethnicity: _____ American Indian or Alaskan Native _____ Black or African-American (Not-Hispanic) _____ White (Not-Hispanic)
(Gender and _____ Asian or Pacific Islander _____ Hispanic or Latino _____ Other
Ethnicity are
requested for federal
reporting purposes
only)

SECTION 2: CERTIFICATION TYPE AND SERVICE FEES

Are you applying for the Structured English Immersion (SEI) endorsement? ☐ YES ☐ NO

If YES, please check the following:

☐ SEI endorsement.....\$60

I would like to convert the following Reciprocal Certificate(s) to a Standard certificate(s): (\$60 each):

- | | | |
|--|---|---|
| <input type="checkbox"/> Arts Education, PreK-12 (\$60) | <input type="checkbox"/> Early Childhood (\$60) | <input type="checkbox"/> Elementary (\$60) |
| <input type="checkbox"/> Secondary (\$60) | | |
| <input type="checkbox"/> Spec Ed Cross-Categorical (\$60) | <input type="checkbox"/> Spec Ed Early Childhood (\$60) | <input type="checkbox"/> Spec Ed Emotional Disability (\$60) |
| <input type="checkbox"/> Spec Ed Hearing Impaired (\$60) | <input type="checkbox"/> Spec Ed Learning Disability (\$60) | <input type="checkbox"/> Spec Ed Intellectual Disability (\$60) |
| <input type="checkbox"/> Spec Ed Severely and Profoundly Disabled (\$60) | | <input type="checkbox"/> Spec Ed Visually Impaired (\$60) |

SECTION 3: VERIFICATION OF TEACHING EXPERIENCE

This section must be completed by a District Superintendent or Personnel Officer. Include full-time teaching experience completed during the valid term of the Reciprocal certificate. Do not include part-time teaching, substitute teaching, or paraprofessional experience.

FOR DISTRICT USE ONLY

This applicant has met the teaching requirements for the conversion of the following certificate(s):

- | | | |
|---|--|--|
| <input type="checkbox"/> Reciprocal Arts Education, PreK-12 | <input type="checkbox"/> Reciprocal Elementary | <input type="checkbox"/> Reciprocal Special Education |
| <input type="checkbox"/> Reciprocal Early Childhood | <input type="checkbox"/> Reciprocal Secondary | <input type="checkbox"/> Reciprocal PreK-12 Physical Education |

VERIFIED TEACHING EMPLOYMENT:

I verify that this applicant has: ☐ Four Semesters OR ☐ Two (2) years of full-time teaching experience during the valid term of the Reciprocal certificate(s).

Signature of Superintendent/Personnel Officer Date

Title Name of School or District

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SECTION 4: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTENTION: If “YES” is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. **YES__ NO__** Have you ever had any professional certificate or license revoked, surrendered or suspended?
2. **YES__ NO__** Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. **YES__ NO__** Have you ever been convicted of any felony offense?
4. **YES__ NO__** **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

<p>YES__ NO__ a Second-degree murder</p> <p>YES__ NO__ b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>YES__ NO__ c Sexual assault</p> <p>YES__ NO__ d Molestation of a child</p> <p>YES__ NO__ e Sexual conduct with a minor</p> <p>YES__ NO__ f Commercial sexual exploitation of a minor</p> <p>YES__ NO__ g Sexual exploitation of a minor</p> <p>YES__ NO__ h Child abuse</p> <p>YES__ NO__ i Kidnapping</p> <p>YES__ NO__ j Sexual abuse of a minor</p> <p>YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206</p> <p>YES__ NO__ l Child prostitution as prescribed in section 13-3212</p> <p>YES__ NO__ m Involving or using minors in drug offenses</p>	<p>YES__ NO__ n Continuous sexual abuse of a child</p> <p>YES__ NO__ o Attempted first-degree murder</p> <p>YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01</p> <p>YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001</p> <p>YES__ NO__ r Any offense causing you to register as a sex offender</p> <p>YES__ NO__ s First-degree murder</p> <p>YES__ NO__ t Armed Robbery</p> <p>YES__ NO__ u Incest</p> <p>YES__ NO__ v Exploitation of minors involving drug offenses</p> <p>YES__ NO__ w Sexual abuse of a vulnerable adult</p> <p>YES__ NO__ x Sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ y Commercial sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ z Abuse of a vulnerable adult</p> <p>YES__ NO__ aa Molestation of a vulnerable adult</p> <p>YES__ NO__ bb Neglect of a vulnerable adult</p>
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I UNDERSTAND THAT PURSUANT TO ARS § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature

Date

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Did you?

- ☐ Have the “Verification of Teaching Experience” section documenting two years of full-time teaching completed by the District Superintendent or Personnel Officer?
- ☐ Submit appropriate documentation to satisfy all deficiency requirements?
- ☐ Answer all Criminal History questions, sign, and date the application?
- ☐ Include a statement for any “Yes” responses to Criminal History questions?
- ☐ Submit a check or money order for the correct amount?

Mail application and all other materials to:

Arizona Department of Education-Teacher Certification
PO Box 6490
Phoenix, AZ 85005-6490